



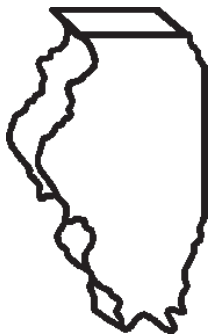
Illinois Department of Revenue

Guidelines for

Substitute and Reproduced Tax Forms

Changes that were made to this document for next processing season (Tax Year 2004):

Most revisions to these forms/vouchers were revision date changes, tax year on voucher, and check digit calculations. I have also inserted the revised ST-1 (7/04).



Illinois Department of Revenue

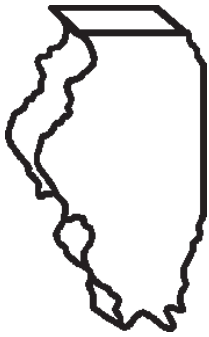
Guidelines for

Substitute and Reproduced Tax Forms

Table of Contents

Introduction.....	Page 3
Approval Process.....	Page 3
Non-Scannable Forms.....	Page 3
Scannable Forms.....	Page 4
Secondary Software Companies.....	Page 4
Paper and Printing Requirements.....	Page 5
Information about FEIN/Sequence Numbers.....	Page 5
Approved Software Developer Listing.....	Page 5
Check Digit Formulas.....	Page 6
IL-501 Specifications.....	Page 9
IL-941 Specifications.....	Page 11
IL-990-T-V Specifications.....	Page 13
IL-1040-V Specifications.....	Page 15
IL-1040-ES Specifications.....	Page 17
IL-1120-ES Specifications.....	Page 19
IL-1041-V Specifications.....	Page 21
IL-1065-V Specifications.....	Page 23
IL-1120-ST-V Specifications.....	Page 25
IL-1120-V Specifications.....	Page 27
RR-3 Specifications.....	Page 29
ST-1 Specifications.....	Page 31
ST-2 Specifications.....	Page 36
ST-14 Specifications.....	Page 39

Note: Complete instructions for completing Forms IL-501, IL-941, IL-1040-ES, IL-1120-ES, RR-3, ST-1, ST-2, and ST-14 are located under our Forms area on our web site.



Illinois Department of Revenue

Guidelines for

Substitute and Reproduced Tax Forms

Introduction

The Illinois Department of Revenue accepts substitute or reproduced tax forms, if they are approved by the department prior to distribution or filing. The department has established these guidelines for software developers, computer tax processors, commercial printers, business forms companies, and any other individual or business that plans to market, distribute, or file substitute or reproduced tax forms in any manner.

Unless otherwise stated, the term “form” as used in these guidelines includes tax returns, schedules, statements, declarations, and remittance vouchers.

A form, other than the official department form, that is commercially typeset and printed or computer produced/programmed is a substitute form. A direct copy or facsimiles of an official department form is a reproduced form. Substitute forms must look like the official department form and must be able to be processed in the same manner as the official form.

Approval

Any company or individual that designs and/or markets substitute/reproduced tax forms **must** get approval from the department. Income Tax forms must be approved each year as they are reviewed annually (*ex: IL-1040, Schedule ED, etc.*). It is incumbent upon the company or individual to maintain the current version of any other department form that is being reproduced or used (*ex: ST-1, RMFT-5, etc.*).

It is preferred that forms be submitted for review prior to distribution, release to customers/clients, or use of form. A form that has not been approved, but is included in the release of a product, must have a prominent notice on the form stating that it has not been approved for filing and should not be filed. The department reserves the right to deny and/or reject any form that does not follow the guidelines specified in this document. Filers of unapproved forms may be subject to penalties and interest under the Uniform Penalty and Interest Act.

The Illinois Department of Revenue does not require a Letter of Intent prior to submissions, and does not have a specific deadline for submissions of income tax forms.

For **Non-Scannable forms** (those without a scan line), a PDF file sent as an attachment through email, is the preferred method of submission. The files need to be submitted in the following formats:

- One PDF file per form.
- Recognizable name for each file.

For example, if you are sending the IL-1040, Schedule ED, Schedule F, and the IL-1041, the department should receive four PDF files with names **such as** IL1040.pdf or 1040.pdf, SchED.pdf, and so forth. By submitting these files in this type of a format, reduces processing time on our end, speeding up the time for approvals.

You will be notified by email once the form is reviewed within 5-8 business days. (We do not send confirmation of receipt of forms for emails, faxes, or hard copies.) If the form is approved with changes or not approved, your PDF file will be attached to the email with changes made on the file. After opening the file, double-click the red circles on the document to view the comments. If the form is not approved, you will need to resubmit the form for approval. Please mark your second email as “Resubmission” in the subject area, as these will be given higher priority than first submissions.

Upon approval of a form by the department, a four digit identification number (if not previously issued) will be assigned to the producer of the form. This identification number must be placed on the bottom left corner of the form near the revision date in the following format: ID: 9999.

For **Scannable forms** (those with a scan line), 5 examples with unique sample taxpayer data will need to be mailed to the department for approval for testing purposes. If the tax type is such that has varying liability periods, then there should be a variety in the 5 examples. These samples should also be cut to size and separated by form type (IL-1040-ES's in one group and IL-1040-V's in a separate group).

You will be notified by email with the results once the forms are reviewed and tested. (We do not send confirmation of receipt of forms for emails, faxes, or hard copies.) If the form is processed in-house, then you will receive notification within 5 business days. Scannable forms that are processed in-house are the IL-1040-V, IL-990-T-V, IL-1041-V, IL-1065-V, IL-1120-ES, IL-1120-V, IL-1120-ST-V, and RR-3. If the form is processed at our processing facility, then you will receive notification within 15-20 business days. Scannable forms that are processed at our processing facility are the ST-1, ST-14, IL-501, IL-941, and IL-1040-ES. If the form is not approved, you will need to make the necessary changes and resubmit the forms for testing.

Upon approval of a form by the department, a four digit identification number (if not previously issued) will be assigned to the producer of the form. This identification number must be placed on the top of the form under the form name in the following format: ID: 9999. For the ST-1, the identification number must also be placed on the top part of the return as well (the ST-1 return and coupon are separated in processing).

Note: The response times listed for forms approvals, for non-scannable and scannable forms, will be longer during peak times as one individual approves all received forms (December - February).

The department does not review or approve the logic of specific software programs or confirm the calculations entered on substitute forms output from software programs. The accuracy of software programs is the responsibility of the software developer, distributor, or user.

All forms to be reviewed should be directed to:
Nicole Willis
nwillis@revenue.state.il.us

Office of Publications Management, 2-250
Illinois Department of Revenue
101 West Jefferson Street
Springfield, Illinois 62702
217 782-4641
217 524-0513 Fax

Secondary Software Companies

Companies that purchase forms software from another software vendor must get approval from the department **if** the form is scannable (thus inserting the variable data with logic they program into the software). In this case, the company will have their own identification number with Illinois for their approved forms. If the form is non-scannable, and the vendor they purchased the forms software from has already received approval for their forms in Illinois, then the company is not required to seek further approval. However, if the company wishes to have their name placed on our "Approved Software Developers" list, they will need to send an email to the contact above with the forms listed and from what company they buy their forms.

Specific Guidelines and Requirements

(We urge the software developer to incorporate some of the following guidelines into their software for their customers/clients.)

Paper Requirements

- White paper of equal or better quality than the 20-lb. paper must be used for the substitute/reproduced form.
- Overall size of the form must match the official form.
- For scannable forms, perforated paper is recommended for the cut line.

Printing Requirements

- The layout of the form must follow the official form and include all data, allow the same amounts of space, with all items appearing in the same order as on the official form.
- Graphics on official form are not required, but Form Name should be prominent in larger point like the official form. (For example: IL-1040 or IL-4562 should be prominent at the top of the form)
- A specific font is not required but should be similar to the official form. The department uses mostly Helvetica font in 8 to 10 point.
- Forms must be printed on one side of the paper only.
- Amounts should be right justified with decimals and cents, and commas are preferred for larger amounts.
- For forms with amounts rounded to whole dollars, cents should be shown with zeros.
- Any numeric field that has no entry, should be left blank.
- Forms should not be printed on a dot matrix printer.
- Scannable forms must be printed at the bottom of the page so no cutting is required on the bottom of the form.
- All scan line printing must be printed at 10 characters per inch, in OCR-A font.
- All scan line printing must be done on a laser printer with black, non-reflective, non-magnetic ink.
- There must at least be a .25 inch clear band, the width of the form, above and below the scan line.
- For any balance due IL-1040 returns printed out of your software, an IL-1040-V must print out with the return. Specifications for that voucher are in this document.

Information about FEIN/Sequence numbers

On many of the vouchers, you are required to place the FEIN and sequence number of the business on the voucher for processing. In general, the most common sequence for **ALL** forms/vouchers will be "000", so if your software has a default setting, it should be set to this number. However, for withholding forms a sequence of "001" is assigned in some instances and "777" is used for temporarily assigned numbers at times. For business vouchers, "777" is used sometimes for temporarily assigned numbers.

If a business has "Applied For" a FEIN, the words "Applied For" should be printed in the space for the FEIN. In addition, zeroes should be printed in the scan line as we will have to process this form manually anyway.

Approved Software Developer List

We have a list of approved software/forms developers that are approved in Illinois and what forms are approved. This list is located on our website at www.ILtax.com. Please ensure that the information listed for your company is current and correct.

Check Digit Formulas

FEIN/Sequence Number Check Digit Formula (for IL-501, IL-941)

- Beginning at the left, add every other digit starting with the second to obtain Sum A.

EXAMPLE: FEIN and sequence number = 362603598000

SUM A: $6+6+3+9+0+0 = 24$

- Beginning at the left, add every other digit twice starting with the first, then add the sums to obtain Sum B.

EXAMPLE: FEIN and sequence number = 362603598000

Digit #	Step 1	Step 2
(1)	$3+3=06$	$0+6=6$
(3)	$2+2=04$	$0+4=4$
(5)	$0+0=00$	$0+0=0$
(7)	$5+5=10$	$1+0=1$
(9)	$8+8=16$	$1+6=7$
(11)	$0+0=00$	$0+0=0$
		Sum B = 18

- Obtain Sum C by adding Sum A and Sum B. (Example above: $24 + 18 = 42$)
- If the units position of Sum C is zero, no subtraction is necessary, zero is the check digit.
- Subtract the units position of Sum C from 10. $10 - 2 = 8$. **8** is the check digit.

FEIN/Sequence Number Check Digit Formula (for IL-990-T-V, IL-1120-ES, IL-1041-V, IL-1065-V, IL-1120-ST-V, IL-1120-V)

EXAMPLE: FEIN and sequence number = 362603598000

- Beginning with the leftmost digit, multiply each digit of the FEIN alternately by 2 then 1.

	3	6	2	6	0	3	5	9	8	0	0	0
X	2	1	2	1	2	1	2	1	2	1	2	1
=	6	6	4	6	0	3	10	9	16	0	0	0

- Add any two digit numbers in the products together to obtain 1 digit.
- Add products together.
 $6+6+4+6+0+3+(10=1+0)1+9+(16=1+6)7+0+0+0 = 42$
- If the units position of the sum is a zero, no subtraction is necessary, zero is the check digit.
- Subtract the units position of the sum of the products from 10. $10 - 2 = 8$. **8** is the check digit.

Form Code/Liability Period Check Digit Formula (for IL-990-T-V, IL-1040-V, IL-1120-ES, IL-1041-V, IL-1065-V, IL-1120-ST-V, IL-1120-V)

****This is an example only - you will need to calculate the check digit with the appropriate form code and liability period.**

EXAMPLE: Form Code/Liability Period = 990201204

- Multiply the leftmost digit by 10, the next digit to the right by 9 until all digits have a product.

	9	9	0	2	0	1	2	0	4
X	10	9	8	7	6	5	4	3	2
=	90	81	0	14	0	5	8	0	8

- Add the products together.
 $90+81+0+14+0+5+8+0+8 = 206$
- Divide the sum of the products by 11. If the remainder is 0 or 1, no subtraction is necessary, the remainder is the check digit. If the remainder is greater than 1, subtract the remainder from 11 to obtain the check digit.
 $206 \text{ divided by } 11 = 18 \text{ with a remainder of } 8. 11 - 8 = 3 \text{ is the check digit.}$

Form Code/Liability Period/Software/Forms Developer ID No. Check Digit Formula (ST-1, ST-14)

****This is an example only - you will need to calculate the check digit with the appropriate information.**

EXAMPLE: Form Code/Liability Period/PCID Number = 0020111041234

- Beginning at the left, multiply the first digit by 14, the next digit by 13 and so on, until all digits have a product.

	0	0	2	0	1	1	1	0	4	1	2	3	4
X	14	13	12	11	10	9	8	7	6	5	4	3	2
=	0	0	24	0	10	9	8	0	24	5	8	9	8

- Add the products together.
 $0+0+24+0+10+9+8+0+24+5+8+9+8 = 105$
- Divide the sum of the products by 11. If the remainder is 0 or 1, no subtraction is necessary, the remainder is the check digit. If the remainder is greater than 1, subtract the remainder from 11 to obtain the check digit.
 $105 \text{ divided by } 11 = 9 \text{ with a remainder of } 6. \ 11 - 6 = 5 \ 5 \text{ is the check digit.}$

IBT no./Payment Due Date Check Digit Formula (RR-3)

****This is an example only - you will need to calculate the check digit with the appropriate information.**

EXAMPLE: IBT no./Payment Due Date = 12345678113002

- Beginning at the left, multiply every other digit by 2.

	1	2	3	4	5	6	7	8	1	1	3	0	0	2
X	2		2		2		2		2		2		2	
=	2		6		10		14		2		6		0	

- Add any two digit numbers in the products together to obtain 1 digit.
 $2+6+(10=1+0)1+(14=1+4)5+2+6+0 = 22$
- Add the even numbers in the scan line together.
 $2+4+6+8+1+0+2 = 23$
- Add the results of these two calculations together.
 $22 + 23 = 45$
- Subtract the units position of the sum from 10. If the sum ends in 0, no subtraction is necessary, 0 is the check digit.
 $10 - 5 = 5 \ 5 \text{ is the check digit.}$

Numeric Post Check Digit Formula (IL-1040-V)

EXAMPLE: Numeric Post = 10151405

- Multiply the leftmost digit by 9, the next digit to the right by 8, etc., until all digits have a product.

	1	0	1	5	1	4	0	5
X	9	8	7	6	5	4	3	2
=	9	0	7	30	5	16	0	10

- Add the products together.
 $9+0+7+30+5+16+0+10 = 77$
- Divide the sum of the products by 11. If the remainder is 0 or 1, no subtraction is necessary, the remainder is the check digit. If the remainder is greater than 1, subtract the remainder from 11 to obtain the check digit.
 $77 \text{ divided by } 11 = 7 \text{ with a remainder of } 0. \ 0 \text{ is the check digit.}$

SSN Check Digit Formula (IL-1040-V, IL-1040-ES)

EXAMPLE: SSN = 343347631

- Beginning with the leftmost digit, multiply each digit of the SSN alternately by 2 then 1.

	3	4	3	3	4	7	6	3	1
X	2	1	2	1	2	1	2	1	2
=	6	4	6	3	8	7	12	3	2

- Add any two digit numbers in the products together to obtain 1 digit.
- Add products together.
 $6+4+6+3+8+7+(12=1+2)3+3+2 = 42$
- If the units position of the sum is a zero, no subtraction is necessary, zero is the check digit.
- Subtract the units position of the sum of the products from 10. $10 - 2 = 8$. **8** is the check digit.

IL-501

- All forms must be 2.75 inches high and 7 inches wide.
- The scan line must start 1.625 inches from the left edge, and .25 - .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

**ILLINOIS DEPARTMENT OF REVENUE
P O BOX 19447
SPRINGFIELD IL 62794-9447**

- The IL-501 consists of the following:

Form Content

- (1) Federal Employer Identification Number (FEIN)
- (2) Sequence Number (usually 000)
- (3) FEIN/Sequence Number Check Digit
- (4) Tax Year
- (5) Illinois Business Tax Number (IBT)
- (6) Business Name and Address
- (7) Software/Forms Developer Identification Number

Scan Line Content

- (8) Tax Year - (Positions 1-2)
- (9) FEIN - (Positions 3-11)
- (10) Sequence Number - (Positions 12-14)
- (11) FEIN/Sequence Number Check Digit - (Position 15)

- When reproducing this form, the form should be located in the bottom left corner of the page. This provides more precision when running the document through the scanning equipment, since the taxpayer will only cut the form out on 2 lines (top and right side) instead of 3.

***Note: This form has not changed so the revision date has stayed the same - 12/03.**



Illinois Department of Revenue

IL-501 Illinois Withholding Income Tax Payment

FEIN (1) Seq. (2) (3) Tax year (4)
36-2603598 000 8 2005

1234-5678 (5)

J & D Diners
dba Joe's Diner (6)

1234 Anywhere Street
Anywhere IL 12345-1234

ID: 1234 (7)
(R-12/03) IL-492-0053

(8) (9) (10)(11)
053626035980008

Write an "X" in the box to indicate which quarter you are paying.

1 ☐
Jan
Feb
Mar

2 ☐
Apr
May
Jun

3 ☐
Jul
Aug
Sep

4 ☐
Oct
Nov
Dec



Amount paid: \$ _____

Make remittance payable to "Illinois Department of Revenue."

Mail your payment to us using the pre-addressed label.



Illinois Department of Revenue

IL-501 Illinois Withholding Income Tax Payment

FEIN

Seq.

Tax year

Write an "X" in the box to indicate which quarter you are paying.

1 ☐

Jan
Feb
Mar

2 ☐

Apr
May
Jun

3 ☐

Jul
Aug
Sep

4 ☐

Oct
Nov
Dec



Amount paid:

\$ _____.

Make remittance payable to "Illinois Department of Revenue."

Mail your payment to us using the pre-addressed label.

IL-941

- All forms must be 2.75 inches high and 7 inches wide.
- The scan line must start 1.625 inches from the left edge, and .25 - .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

**ILLINOIS DEPARTMENT OF REVENUE
P O BOX 19447
SPRINGFIELD IL 62794-9447**

- The IL-941 consists of the following:

Form Content

- (1) Federal Employer Identification Number (FEIN)
- (2) Sequence Number (usually 000)
- (3) FEIN/Sequence Number Check Digit
- (4) Quarter Ending Date
- (5) Illinois Business Tax Number (IBT)
- (6) Business Name and Address
- (7) Software/Forms Developer Identification Number

Scan Line Content

- (8) Tax Year - (Positions 1-2)
- (9) Quarter - (Position 3 - must be 1,2,3, or 4)
- (10) FEIN - (Positions 4-12)
- (11) Sequence Number - (Positions 13-15)
- (12) FEIN/Sequence Number Check Digit - (Position 16)

- When reproducing this form, the form should be located in the bottom left corner of the page. This provides more precision when running the document through the scanning equipment, since the taxpayer will only cut the form out on 2 lines (top and right side) instead of 3.

***Note: This form has not changed so the revision date has stayed the same - 12/03.**

<div style="display: flex; align-items: center;"><div>IL-941 <small>(R-12/03)</small> Illinois Quarterly Withholding Income Tax Return <small>FEIN (1) Seq. (2) (3) Quarter ending (4)</small> 36-2603598 000 8 12/31/05 (5) 1234-5678 J & D Diners dba Joe's Diner (6) 1234 Anywhere Street Anywhere IL 12345-1234</div></div> <div style="margin-top: 20px;">Mail this form to us using the pre-addressed label. <small>IL-492-0018 ID: 1234 (7)</small></div>	<p>Complete Lines 1 through 5. Report the totals for the quarter.</p> <table style="width: 100%;"><tr><td>1 Compensation and gambling winnings (including Illinois Lottery winnings) subject to withholding</td><td style="text-align: right;">1 _____</td></tr><tr><td>2 Illinois Income Tax required to be withheld</td><td style="text-align: right;">2 _____</td></tr><tr><td>3 Form IL-501 or EFT payments plus any overpayment from the previous Form IL-941</td><td style="text-align: right;">3 _____</td></tr><tr><td>4 If Line 2 is greater than Line 3, subtract Line 3 from Line 2. This is your tax due. Make your remittance payable to "Illinois Department of Revenue."</td><td style="text-align: right;">4 _____</td></tr><tr><td>5 If Line 2 is less than Line 3, subtract Line 2 from Line 3. This is your overpayment. Claim it on your next IL-941.</td><td style="text-align: right;">5 _____</td></tr></table> <p>Mark this box if you have permanently stopped withholding. <input type="checkbox"/></p> <p><small>Under penalties of perjury, I state that, to the best of my knowledge, this form is true, correct, and complete.</small></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Signature _____</div><div>Title _____</div><div>Date _____</div></div>	1 Compensation and gambling winnings (including Illinois Lottery winnings) subject to withholding	1 _____	2 Illinois Income Tax required to be withheld	2 _____	3 Form IL-501 or EFT payments plus any overpayment from the previous Form IL-941	3 _____	4 If Line 2 is greater than Line 3, subtract Line 3 from Line 2. This is your tax due. Make your remittance payable to "Illinois Department of Revenue."	4 _____	5 If Line 2 is less than Line 3, subtract Line 2 from Line 3. This is your overpayment. Claim it on your next IL-941.	5 _____
1 Compensation and gambling winnings (including Illinois Lottery winnings) subject to withholding	1 _____										
2 Illinois Income Tax required to be withheld	2 _____										
3 Form IL-501 or EFT payments plus any overpayment from the previous Form IL-941	3 _____										
4 If Line 2 is greater than Line 3, subtract Line 3 from Line 2. This is your tax due. Make your remittance payable to "Illinois Department of Revenue."	4 _____										
5 If Line 2 is less than Line 3, subtract Line 2 from Line 3. This is your overpayment. Claim it on your next IL-941.	5 _____										

(8)(9) (10) (11)(12)
0543626035980008



Illinois Department of Revenue
IL-941 Illinois Quarterly Withholding
Income Tax Return

FEIN

(R-12/03)

Seq.

Quarter ending

Complete Lines 1 through 5. Report the totals for the quarter.

- 1** Compensation and gambling winnings (including Illinois Lottery winnings) subject to withholding **1** _____
- 2** Illinois Income Tax required to be withheld **2** _____
- 3** Form IL-501 or EFT payments plus any overpayment from the previous Form IL-941 **3** _____
- 4** If Line 2 is greater than Line 3, subtract Line 3 from Line 2. This is your tax due. **Make your remittance payable to "Illinois Department of Revenue."** **4** _____
- 5** If Line 2 is less than Line 3, subtract Line 2 from Line 3. This is your overpayment. Claim it on your next IL-941. **5** _____

Mark this box if you have **permanently** stopped withholding. ☐

Under penalties of perjury, I state that, to the best of my knowledge, this form is true, correct, and complete.

Mail this form to us using the pre-addressed label.
IL-492-0018

Signature

Title

Date

IL-990-T-V

- All forms must be 3.625 inches high and 8.5 inches wide.
- The scan line must start 3.5 inches from the left edge, and .25 - .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

**ILLINOIS DEPARTMENT OF REVENUE
P O BOX 19009
SPRINGFIELD IL 62794-9009**

- The IL-990-T-V consists of the following:

Form Content

- (1) Software/Forms Developer Identification Number
- (2) Federal Employers' Identification Number (FEIN)
- (3) Sequence Number (usually 000)
- (4) FEIN/Sequence Number Check Digit
- (5) Tax Year Ending Month
- (6) Tax Year Ending
- (7) Illinois Business Tax Number (IBT no.)
- (8) Business Name and Address
- (9) Preparer's Phone Number

Scan Line Content

- (10) Form Code (always 99020) - (Positions 1-5)
- (11) Liability Period (mmyy) - (Positions 6-9)
Space - (Position 10)
- (12) Form Code/Liability Period Check Digit - (Position 11)
Space - (Position 12)
- (13) FEIN - (Positions 13-21)
Space - (Position 22)
- (14) Sequence Number (usually 000) - (Positions 23-25)
Space - (Position 26)
- (15) FEIN/Sequence Number Check Digit - (Position 27)
Space - (Position 28)
- (16) Amount Paid - (Positions 29-39)

Note:

- The Liability Period is the last month and the last two digits (of the year) of the business accounting period.
- The Amount Paid field must contain 9 positions for dollars and 2 positions for cents. Zero fill this field to the left of the dollar amount.



Illinois Department of Revenue

IL-990-T-V

IL-990-T-V (R-10/04) ID: 1234

(1)

**Payment Voucher for Exempt Organization
Income and Replacement Tax**

2004

FEIN (2) **36-2603598 000 8**
IBT (7) **1234-5678**

Mail to Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

**Anybody's Plumbing and Heating
1234 Anywhere Blvd
Anywhere, IL 12345-1234**

(8)

Make sure the Business Name, FEIN,
and Payment amount are correct.

(5) Tax year ending (6)
12 04
Month Year

\$ _____

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Preparer's Phone Number (9) _____

(10) (11) (12) (13) (14) (15) (16)
990201204 3 362603598 000 8 9999999999



Illinois Department of Revenue

IL-990-T-V

IL-990-T-V (R-10/04)

FEIN

IBT

**Payment Voucher for Exempt Organization
Income and Replacement Tax**

Mail to Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

2004

Tax year ending

Make sure the Business Name, FEIN,
and Payment amount are correct.

Month

Year

\$ _____ • _____

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Preparer's Phone Number _____

IL-1040-V

- All forms must be 3.625 inches high and 8.5 inches wide.
- The scan line must start 3.5 inches from the left edge, and .25 - .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

**ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001**

- The IL-1040-V consists of the following:

Form Content

- (1) Software/Forms Developer ID Number
- (2) Primary's Social Security Number (SSN)
- (3) Spouse's SSN
- (4) Taxpayers' Name and Address
- (5) Preparer's Phone Number

Scan Line Content

- (6) Form Code (always 10408) - (Positions 1-5)
- (7) Liability Period (mmyy) - (Positions 6-9)
Space - (Position 10)
- (8) Form Code/Liability Period Check Digit - (Position 11)
Space - (Position 12)
- (9) 1040 Voucher ID (always 2) - (Position 13)
Space - (Position 14)
- (10) Primary SSN - (Positions 15-23)
Space - (Position 24)
- (11) Primary SSN Check Digit - (Position 25)
Space - (Position 26)
- (12) Numeric Post - (Positions 27-34)
Space - (Position 35)
- (13) Numeric Post Check Digit - (Position 36)
Space - (Position 37)
- (14) Amount Paid - (Positions 38-46)

Note:

- The Liability Period must be for the current tax year.
- The Numeric Post is a conversion from the taxpayer's post, which is the first four letters of taxpayer's last name. The numeric post is calculated by numbering the alphabet from 1 - 26 beginning with the letter A as 01, B as 02, and so on. A space is identified as 00. In the example above, 10151405 = JONE.
If the name is less than 4 positions, left justify the name and fill the remaining positions with a space(00).

Do not use a space(00) to replace hyphenation or spaces in a name.

EXAMPLE: Coe would be 03150500

Omit punctuation and spaces in a name. **Do not** substitute spaces for punctuation.

EXAMPLE: O'Connor would be 15031514 = OCON and De Hoya would be 04050815 = DEHO

- The Amount Paid field must contain 7 positions for dollars and 2 positions for cents. Zero fill this field to the left of the dollar amount.



Illinois Department of Revenue

IL-1040-V Payment Voucher for Individual Income Tax

ID: 1234(1)

2004

343-34-7631⁽²⁾ 343-34-8787⁽³⁾

Your payment is due April 15, 2005.

John and Annie Joneket
1234 Folks Place (4)
Anywhere, IL 12345-1234

\$ _____ . _____

Print your payment amount.

Mail to: Illinois Department of Revenue
Springfield IL 62726-0001

Write your Social Security number on your check.

Preparer's phone number _____ (5)

(6) (7) (8) (9) (10) (11) (12) (13) (14)
104081204 1 2 343347631 8 10151405 0 999999999



Illinois Department of Revenue
IL-1040-V Payment Voucher for Individual Income Tax

2004

Your payment is due April 15, 2005.

\$ _____ • _____

Print your payment amount.

Mail to: Illinois Department of Revenue
Springfield IL 62726-0001

Write your Social Security number on your check.

Preparer's phone number _____

IL-1040-ES

- All forms must be 3.625 inches high and 8.5 inches wide.
- The scan line must start 1.625 inches from the left edge, and .25 - .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62736-0001

Scan Line Content

- The IL-1040-ES consists of the following:

Form Content

- (1) Software/Forms Developer ID Number
- (2) Primary's Social Security Number (SSN)
- (3) Primary SSN Check Digit
- (4) Taxpayers' Post
- (5) Spouse's (SSN)
- (6) Spouse SSN Check Digit
- (7) Taxpayers' Name and Address
- (8) Preparer's Phone Number

- (9) Voucher Number (always 1) - (Position 1)
Space - (Position 2)
- (10) Primary's SSN - (Positions 3-11)
Space - (Position 12)
- (11) Primary SSN Check Digit - (Position 13)
Space - (Position 14)
- (12) Numeric Post - (Positions 15-22)
Space - (Position 23)
- (13) Spouse's SSN - (Positions 24-32)
Space - (Position 33)
- (14) Spouse SSN Check Digit - (Position 34)
Space - (Position 35)
- (15) Account Period Ending (APE) - (Positions 36-39)

Note:

- The Liability Period must be for the current tax year.
- The Numeric Post is a conversion from the taxpayer's post, which is the first four letters of taxpayer's last name. The numeric post is calculated by numbering the alphabet from 1 - 26 beginning with the letter A as 01, B as 02, and so on. A space is identified as 00. In the example above, 10151405 = JONE.
If the name is less than 4 positions, left justify the name and fill the remaining positions with a space(00).
Do not use a space(00) to replace hyphenation or spaces in a name.
EXAMPLE: Coe would be 03150500
- Omit punctuation and spaces in a name. **Do not** substitute spaces for punctuation.
EXAMPLE: O'Connor would be 15031514 = OCON and De Hoya would be 04050815 = DEHO
- The Account Period Ending is the last month and year of the tax year being paid.



Illinois Department of Revenue

IL-1040-ES 2005

Estimated Income Tax Payment for Individuals

(R-12/04) ID: 1234 (1)

Your Social Security number

343-34-7631 (2) *8* (3) JONE (4)

Spouse's Social Security number

343-34-8787 (5) *7* (6)

John and Annie Joneket
1234 Folks Place (7)
Anywhere, IL 12345-1234

() (8)
Daytime phone number

Calendar-Year Taxpayers

Your estimated tax payments are due on

- April 15, 2005;
- June 15, 2005;
- September 15, 2005; and
- January 17, 2006.



\$ _____
Amount of payment



Make check payable and mail this voucher :
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62736-0001

(9) (10) (11) (12) (13) (14) (15)
1 343347631 8 10151405 343348787 7 1205



Illinois Department of Revenue

IL-1040-ES 2005

Estimated Income Tax Payment for Individuals
(R-12/04)

Your Social Security number

Spouse's Social Security number

Calendar-Year Taxpayers

Your estimated tax payments are due on

- April 15, 2005;
- June 15, 2005;
- September 15, 2005; and
- January 17, 2006.



\$

Amount of payment



()
Daytime phone number

Make check payable and mail this voucher :
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62736-0001

IL-1120-ES

- All forms must be 3.625 inches high and 8.5 inches wide.
- The scan line must start 3.5 inches from the left edge, and .25 - .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

**ILLINOIS DEPARTMENT OF REVENUE
P O BOX 19045
SPRINGFIELD IL 62794-9045**

- The IL-1120-ES consists of the following:

Form Content

- (1) Software/Forms Developer Identification Number
- (2) Federal Employers' Identification Number (FEIN)
- (3) Sequence Number (usually 000)
- (4) FEIN/Sequence Number Check Digit
- (5) Tax Year Ending Month
- (6) Tax Year Ending
- (7) Illinois Business Tax Number (IBT no.)
- (8) Business Name and Address

Scan Line Content

- (9) Form Code (always 11206) - (Positions 1-5)
- (10) Liability Period (mmyy) - (Positions 6-9)
Space - (Position 10)
- (11) Form Code/Liability Period Check Digit - (Position 11)
Space - (Position 12)
- (12) FEIN - (Positions 13-21)
Space - (Position 22)
- (13) Sequence Number (usually 000) - (Positions 23-25)
Space - (Position 26)
- (14) FEIN/Sequence Number Check Digit - (Position 27)

Note:

- The Liability Period is the last month and the last two digits (of the year) of the business accounting period.



(R-12/04)

Illinois Department of Revenue

IL-1120-ES

ID: 1234 (1)

FEIN 36-2603598 000 8
(2) (3) (4)

IBT 1234-5678 (7)

Anybody's Plumbing and Heating
1234 Anywhere Blvd. (8)
Anywhere, IL 12345-1234

Estimated Income and Replacement Tax Payment for Corporations

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045.

Official use only

Estimated tax payment due dates —

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending 12 05
(5) Month (6) Year

\$

Print your payment amount on this line.

Return this voucher with check or money order
payable to "Illinois Department of Revenue."

(9) (10) (11) (12) (13) (14)
112061205 5 362603598 000 8



(R-12/04)

Illinois Department of Revenue

IL-1120-ES

FEIN

**Estimated Income and Replacement
Tax Payment for Corporations**

Mail to **Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045.**

Official use only

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending

Month

Year

\$

•

Print your payment amount on this line.

Return this voucher with check or money order
payable to "Illinois Department of Revenue."

IL-1041-V

- All forms must be 3.625 inches high and 8.5 inches wide.
- The scan line must start 3.5 inches from the left edge, and .25 - .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

**ILLINOIS DEPARTMENT OF REVENUE
P O BOX 19009
SPRINGFIELD IL 62794-9009**

- The IL-1041-V consists of the following:

Form Content

- (1) Software/Forms Developer Identification Number
- (2) Federal Employers' Identification Number (FEIN)
- (3) Sequence Number (usually 000)
- (4) FEIN/Sequence Number Check Digit
- (5) Tax Year Ending Month
- (6) Tax Year Ending
- (7) Illinois Business Tax Number (IBT no.)
- (8) Business Name and Address
- (9) Preparer's Phone Number

Scan Line Content

- (10) Form Code (always 10418) - (Positions 1-5)
- (11) Liability Period (mmyy) - (Positions 6-9)
Space - (Position 10)
- (12) Form Code/Liability Period Check Digit - (Position 11)
Space - (Position 12)
- (13) FEIN - (Positions 13-21)
Space - (Position 22)
- (14) Sequence Number (usually 000) - (Positions 23-25)
Space - (Position 26)
- (15) FEIN/Sequence Number Check Digit - (Position 27)
Space - (Position 28)
- (16) Amount Paid - (Positions 29-39)

Note:

- The Liability Period is the last month and the last two digits (of the year) of the business accounting period.
- The Amount Paid field must contain 9 positions for dollars and 2 positions for cents. Zero fill this field to the left of the dollar amount.



Illinois Department of Revenue

IL-1041-V

IL-1041-V (R-10/04) ID: 1234

(1)

**Payment Voucher for Fiduciary
Income and Replacement Tax**

2004

FEIN **36-2603598 000 8**
(2) (3)(4)
IBT **1234-5678**
(7)

Mail to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

**Anybody's Plumbing and Heating
1234 Anywhere Blvd
Anywhere, IL 12345-1234** (8)

Make sure the Business Name, FEIN,
and Payment amount are correct.

(5) Tax year ending (6)
12 04
Month Year

\$ _____

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Preparer's Phone Number (9) _____

(10) (11) (12) (13) (14) (15) (16)
104181204 3 362603598 000 8 9999999999



Illinois Department of Revenue

IL-1041-V

IL-1041-V (R-10/04)

**Payment Voucher for Fiduciary
Income and Replacement Tax**

2004

FEIN

Mail to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

IBT

Tax year ending

Make sure the Business Name, FEIN,
and Payment amount are correct.

Month

Year

\$ _____ • _____

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Preparer's Phone Number _____

IL-1065-V

- All forms must be 3.625 inches high and 8.5 inches wide.
- The scan line must start 3.5 inches from the left edge, and .25 - .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

**ILLINOIS DEPARTMENT OF REVENUE
P O BOX 19031
SPRINGFIELD IL 62794-9031**

- The IL-1065-V consists of the following:

Form Content

- (1) Software/Forms Developer Identification Number
- (2) Federal Employers' Identification Number (FEIN)
- (3) Sequence Number (usually 000)
- (4) FEIN/Sequence Number Check Digit
- (5) Tax Year Ending Month
- (6) Tax Year Ending
- (7) Illinois Business Tax Number (IBT no.)
- (8) Business Name and Address
- (9) Preparer's Phone Number

Scan Line Content

- (10) Form Code (always 10658) - (Positions 1-5)
- (11) Liability Period (mmyy) - (Positions 6-9)
Space - (Position 10)
- (12) Form Code/Liability Period Check Digit - (Position 11)
Space - (Position 12)
- (13) FEIN - (Positions 13-21)
Space - (Position 22)
- (14) Sequence Number (usually 000) - (Positions 23-25)
Space - (Position 26)
- (15) FEIN/Sequence Number Check Digit - (Position 27)
Space - (Position 28)
- (16) Amount Paid - (Positions 29-39)

Note:

- The Liability Period is the last month and the last two digits (of the year) of the business accounting period.
- The Amount Paid field must contain 9 positions for dollars and 2 positions for cents. Zero fill this field to the left of the dollar amount.



Illinois Department of Revenue

IL-1065-V

IL-1065-V (R-10/04) ID: 1234

(1)

**Payment Voucher for Partnership
Replacement Tax**

2004

FEIN **36-2603598 000 8**
(2) (3)(4)
IBT **1234-5678**
(7)

Mail to: Illinois Department of Revenue, P.O. Box 19031, Springfield, IL 62794-9031

Anybody's Plumbing and Heating
1234 Anywhere Blvd
Anywhere, IL 12345-1234 (8)

Make sure the Business Name, FEIN,
and Payment amount are correct.

(5) Tax year ending (6)
12 04
Month Year

\$ _____

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Preparer's Phone Number **(9)** _____

(10) (11) (12) (13) (14) (15) (16)
106581204 3 362603598 000 8 9999999999



Illinois Department of Revenue

IL-1065-V

IL-1065-V (R-10/04)

**Payment Voucher for Partnership
Replacement Tax**

2004

FEIN

Mail to: Illinois Department of Revenue, P.O. Box 19031, Springfield, IL 62794-9031

IBT

Tax year ending

Make sure the Business Name, FEIN,
and Payment amount are correct.

Month

Year

\$ _____ • _____

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Preparer's Phone Number _____

IL-1120-ST-V

- All forms must be 3.625 inches high and 8.5 inches wide.
- The scan line must start 3.5 inches from the left edge, and .25 - .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

**ILLINOIS DEPARTMENT OF REVENUE
P O BOX 19032
SPRINGFIELD IL 62794-9032**

- The IL-1120-ST-V consists of the following:

Form Content

- (1) Software/Forms Developer Identification Number
- (2) Federal Employers' Identification Number (FEIN)
- (3) Sequence Number (usually 000)
- (4) FEIN/Sequence Number Check Digit
- (5) Tax Year Ending Month
- (6) Tax Year Ending
- (7) Illinois Business Tax Number (IBT no.)
- (8) Business Name and Address
- (9) Preparer's Phone Number

Scan Line Content

- (10) Form Code (always 11207) - (Positions 1-5)
- (11) Liability Period (mmyy) - (Positions 6-9)
Space - (Position 10)
- (12) Form Code/Liability Period Check Digit - (Position 11)
Space - (Position 12)
- (13) FEIN - (Positions 13-21)
Space - (Position 22)
- (14) Sequence Number (usually 000) - (Positions 23-25)
Space - (Position 26)
- (15) FEIN/Sequence Number Check Digit - (Position 27)
Space - (Position 28)
- (16) Amount Paid - (Positions 29-39)

Note:

- The Liability Period is the last month and the last two digits (of the year) of the business accounting period.
- The Amount Paid field must contain 9 positions for dollars and 2 positions for cents. Zero fill this field to the left of the dollar amount.



Illinois Department of Revenue

IL-1120-ST-V

IL-1120-ST-V (R-10/04) ID: 1234 (1)

**Payment Voucher for Small Business
Corporation Replacement Tax**

2004

FEIN **36-2603598 000 8**
(2) (3)(4)
IBT **1234-5678**
(7)

Mail to: Illinois Department of Revenue, P.O. Box 19032, Springfield, IL 62794-9032

Anybody's Plumbing and Heating
1234 Anywhere Blvd (8)
Anywhere, IL 12345-1234

Make sure the Business Name, FEIN,
and Payment amount are correct.

(5) Tax year ending (6)
12 04
Month Year

\$ _____ • _____

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Preparer's Phone Number **(9)** _____

(10) (11) (12) (13) (14) (15) (16)
112071204 1 362603598 000 8 9999999999



Illinois Department of Revenue

IL-1120-ST-V

IL-1120-ST-V (R-10/04)

**Payment Voucher for Small Business
Corporation Replacement Tax**

2004

FEIN

Mail to: Illinois Department of Revenue, P.O. Box 19032, Springfield, IL 62794-9032

IBT

Tax year ending

Make sure the Business Name, FEIN,
and Payment amount are correct.

Month

Year

\$ _____ • _____

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Preparer's Phone Number _____

IL-1120-V

- All forms must be 3.625 inches high and 8.5 inches wide.
- The scan line must start 3.5 inches from the left edge, and .25 - .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

**ILLINOIS DEPARTMENT OF REVENUE
P O BOX 19008
SPRINGFIELD IL 62794-9008**

- The IL-1120-V consists of the following:

Form Content

- (1) Software/Forms Developer Identification Number
- (2) Federal Employers' Identification Number (FEIN)
- (3) Sequence Number (usually 000)
- (4) FEIN/Sequence Number Check Digit
- (5) Tax Year Ending Month
- (6) Tax Year Ending
- (7) Illinois Business Tax Number (IBT no.)
- (8) Business Name and Address
- (9) Preparer's Phone Number

Scan Line Content

- (10) Form Code (always 11208) - (Positions 1-5)
- (11) Liability Period (mmyy) - (Positions 6-9)
Space - (Position 10)
- (12) Form Code/Liability Period Check Digit - (Position 11)
Space - (Position 12)
- (13) FEIN - (Positions 13-21)
Space - (Position 22)
- (14) Sequence Number (usually 000) - (Positions 23-25)
Space - (Position 26)
- (15) FEIN/Sequence Number Check Digit - (Position 27)
Space - (Position 28)
- (16) Amount Paid - (Positions 29-39)

Note:

- The Liability Period is the last month and the last two digits (of the year) of the business accounting period.
- The Amount Paid field must contain 9 positions for dollars and 2 positions for cents. Zero fill this field to the left of the dollar amount.



Illinois Department of Revenue

IL-1120-V

IL-1120-V (R-10/04) ID: 1234 (1)

**Payment Voucher for Corporation
Income and Replacement Tax**

2004

FEIN (2) **36-2603598** 000 8 (3)(4)
IBT (7) **1234-5678**

Mail to: Illinois Department of Revenue, P.O. Box 19008, Springfield, IL 62794-9008

**Anybody's Plumbing and Heating
1234 Anywhere Blvd
Anywhere, IL 12345-1234 (8)**

Make sure the Business Name, FEIN,
and Payment amount are correct.

(5) Tax year ending (6)
12 04
Month Year

\$ _____ • _____

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Preparer's Phone Number (9) _____

(10) (11) (12) (13) (14) (15) (16)
112081204 6 362603598 000 8 9999999999



Illinois Department of Revenue

IL-1120-V

IL-1120-V (R-10/04)

**Payment Voucher for Corporation
Income and Replacement Tax**

2004

FEIN

Mail to: Illinois Department of Revenue, P.O. Box 19008, Springfield, IL 62794-9008

IBT

Tax year ending

Make sure the Business Name, FEIN,
and Payment amount are correct.

Month

Year

\$ _____ • _____

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Preparer's Phone Number _____

RR-3

- All forms must be 3.625 inches high and 8.5 inches wide.
- The scan line must start 1.875 inches from the left edge, and .25 - .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

**ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62776-0001**

- The RR-3 consists of the following:

Form Content

- (1) Quarter-Monthly Tax Payment Due Dates and Liability Period
- (2) Illinois Business Tax Number (IBT no.)
- (3) Amount Due
- (4) Business Name and Address
- (5) Software/Forms Developer Identification Number

Scan Line Content

- (6) IBT no. - (Positions 1-8)
- (7) Due Date of Payment - (Positions 9-14)
- (8) IBT no./Due Date of Payment Check Digit - (Position 15)

Illinois Department of Revenue **RR-3 Sales and Use Tax Quarter-monthly Payment**

We will apply payments in the order received to the earliest due date that has not yet passed. This minimizes the possibility of penalty and interest charges. You must provide specific instruction for us to apply your payment in any other order. Payments are due **11/9, 11/16, 11/23, and 11/30 for 11/2004. (1)**

The amount you owe is

- at least 22.5% of your current month's liability, or **(3)**
- 25% of your liability for the same month last year, which is **\$4,691.00**

**Anybody's Plumbing and Heating
1234 Anywhere Blvd
Anywhere, IL 12345-1234 (4)**

ID: 1234 **(5)**

IBT no.: **1234-5678 (2)**

1 Prior overpayment _____
2 Credit memo amount _____
3 Check amount _____
4 Add Lines 1, 2, and 3. _____

Mail card and payment to:

**ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62776-0001**

Do not write below this line.

PR CA ED DR _____

(6) (7) (8)
123456781130045



Illinois Department of Revenue

RR-3 Sales and Use Tax Quarter-monthly Payment

We will apply payments in the order received to the earliest due date that has not yet passed. This minimizes the possibility of penalty and interest charges. You must provide specific instruction for us to apply your payment in any other order. Payments are due **11/9, 11/16, 11/23, and 11/30 for 11/2004.**

The amount you owe is

- at least 22.5% of your current month's liability, or
- 25% of your liability for the same month last year, which is

IBT no.:

1 Prior overpayment	_____
2 Credit memo amount	_____
3 Check amount	_____
4 Add Lines 1, 2, and 3.	_____

Mail card and payment to:

**ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62776-0001**

Do not write below this line.

PR CA ED DR _____

ST-1

- Returns must be 11 inches high and 8.5 inches wide. Coupon must be 2.75 inches high and 8.5 inches wide.
- The scan line must start 4.5 inches from the left edge, and .25 - .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

**ILLINOIS DEPARTMENT OF REVENUE
RETAILER'S OCCUPATION TAX
SPRINGFIELD IL 62796-0001**

- The ST-1 consists of the following:

Form Content

- (1) Software/Forms Developer Identification Number
- (2) Illinois Business Tax Number (IBT no.)
- (3) Liability Period
- (4) Home Rule Indicator
- (5) Accelerated Indicator
- (6) Use Tax Indicator
- (7) Location Code and Check Digit
- (8) Location Indicator

Scannable Coupon Content

- (9) Liability Period
- (10) Payment Due Date
- (11) IBT no.
- (12) Business Name and Address

Scan Line Content

- (13) Form Code (**00201 for ST-1 filers and 92349 for ST-1/ST-2 filers**) - (Positions 1-5)
- (14) Liability Period (mmyy) - (Positions 6-9)
- (15) Software/Forms Developer Identification Number - (Positions 10-13)
- (16) Form Code/Liability Period/Software/Forms Developer ID No. Check Digit - (Position 14)
Space - (Position 15)
- (17) IBT no. - (Positions 16-23)

NOTE: The Liability Period field is determined as follows:

- Monthly returns contain two digits for the month and two digits for the year of the period that the return covers. For example, the November 2004 return would contain 1104 in this field.
- Quarterly returns contain two digits for the last month of the period and two digits for the year of the period that the return covers. For example, the third quarter return (July, August, September) return for 2004 would contain 0904 in this field.
- Annual returns contain two digits for the last month and two digits for the year of the period that the return covers. For example, the annual return for 2004 would contain 1204 in this field.

If you have not yet been assigned a Software/Forms Developer Identification Number, please use "9999" for testing purposes.



Illinois Department of Revenue

ST-1 Sales and Use Tax Return

IBT no. 1234-5678 (2)

This form is for

November 2004

ID: 1234 (1)

REV 03 FORM 002

ES NS ED CA RC ET

(4)HR

You must round your figures to whole dollars. (See instructions.)

Step 1: Alcoholic Liquor Purchases

(See instructions.)

If you are not required to report your purchases, go to Step 2.

Note: Distributors will also report your total purchases to us.

A Total dollar amount of alcoholic liquor purchased
(invoiced and delivered) _____

Step 2: Taxable Receipts

1 Total receipts (Include tax.) **1** _____
2 Deductions - **include tax collected**
(Use the worksheet on the back.) **2** _____
3 Taxable receipts
(Subtract Line 2 from Line 1.) **3** _____

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a _____ x **=4b** _____

Food, drugs, and medical appliances

5a _____ x **=5b** _____

Sales from locations outside Illinois

General merchandise

6a _____ x **=6b** _____

Food, drugs, and medical appliances

7a _____ x **=7b** _____

Sales at prior rates

Receipts taxed at other rates

8a _____ **8b** _____

9 Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** _____

Step 4: Retailer's Discount and Net Tax on Receipts

10 If you filed and paid by
multiply Line 9 by **10** _____
11 Net tax due on receipts
(Subtract Line 10 from Line 9.) **11** _____

Step 5: Tax on Purchases

General merchandise

12a _____ x **=12b** _____

Food, drugs, and medical appliances

13a _____ x **=13b** _____

Purchases at other rates

14a _____ **14b** _____

15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) **15** _____

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15.) **16** _____

16a Manufacturer's Purchase Credit
(See instructions.) **16a** _____

17 Prepaid sales tax
(Attach PST-2, Copy A.) **17** _____

18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT) **18** _____

19 Prior overpayment **19** _____

20 Total prepayments
(Add Lines 16a, 17, 18, and 19.) **20** _____

21 Net tax due
(Subtract Line 20 from Line 16.) **21** _____

Step 7: Payment Due

22 Excess tax collected
(See instructions.) **22** _____

23 Total tax due
(Add Lines 21 and 22.) **23** _____

24 Credit memorandum
(See instructions.) **24** _____

25 Payment due
(Subtract Line 24 from Line 23.) **25** _____

Step 8: Sign Below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete. The information in this return is taken from the records of the business for which it is filed.

Taxpayer _____ Phone _____ Date ____/____/____

Preparer _____ Phone _____ Date ____/____/____

Do not detach

ST-1 (R-7/04) ID: 1234 (1)

This form is for **November 2004 (9)**

This form is due **December 20, 2004 (10)**

IBT no.: **1234-5678 (11)**

Anybody's Plumbing and Heating
1234 Anywhere Blvd
Anywhere, IL 12345-1234 (12)

Write the amount you are paying.

\$ _____

Write your remittance and send your payment to

RETAILER'S OCCUPATION TAX
SPRINGFIELD, IL 62796-0001

Just a reminder ... ➔

(13) (14) (15)(16) (17)
00201110412345 12345678



Illinois Department of Revenue ST-1 Sales and Use Tax Return

IBT no. _____

This form is for _____

REV _____ FORM _____
E S _____
NS ED CA RC ET

You must round your figures to whole dollars. (See instructions.)

Step 1: Alcoholic Liquor Purchases

(See instructions.)

If you are not required to report your purchases, go to Step 2.

Note: Distributors will also report your total purchases to us.

A Total dollar amount of alcoholic liquor purchased
(invoiced and delivered) _____

Step 2: Taxable Receipts

1 Total receipts (Include tax.) **1** _____
2 Deductions - **include tax collected**
(Use the worksheet on the back.) **2** _____
3 Taxable receipts
(Subtract Line 2 from Line 1.) **3** _____

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a _____ x **=4b** _____

Food, drugs, and medical appliances

5a _____ x **=5b** _____

Sales from locations outside Illinois

General merchandise

6a _____ x **=6b** _____

Food, drugs, and medical appliances

7a _____ x **=7b** _____

Sales at prior rates

Receipts taxed at other rates

8a _____ **8b** _____

9 Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** _____

Step 4: Retailer's Discount and Net Tax on Receipts

10 If you filed and paid by
multiply Line 9 by **10** _____

11 Net tax due on receipts
(Subtract Line 10 from Line 9.) **11** _____

Step 5: Tax on Purchases

General merchandise

12a _____ x **=12b** _____

Food, drugs, and medical appliances

13a _____ x **=13b** _____

Purchases at other rates

14a _____ **14b** _____

15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) **15** _____

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15.) **16** _____

16a Manufacturer's Purchase Credit
(See instructions.) **16a** _____

17 Prepaid sales tax
(Attach PST-2, Copy A.) **17** _____

18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT) **18** _____

19 Prior overpayment **19** _____

20 Total prepayments
(Add Lines 16a, 17, 18, and 19.) **20** _____

21 Net tax due
(Subtract Line 20 from Line 16.) **21** _____

Step 7: Payment Due

22 Excess tax collected
(See instructions.) **22** _____

23 Total tax due
(Add Lines 21 and 22.) **23** _____

24 Credit memorandum
(See instructions.) **24** _____

25 Payment due
(Subtract Line 24 from Line 23.) **25** _____

Step 8: Sign Below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete. The information in this return is taken from the records of the business for which it is filed.

Taxpayer _____ Phone _____ Date ____/____/____

Preparer _____ Phone _____ Date ____/____/____

Do not detach

Write the amount you are paying.

\$ _____

Write your remittance and send your payment to

Just a reminder ...



ST-1 (R-7/04)

This form is for _____

This form is due _____

IBT no.: _____

IBT No.:
Location:
KOB:
APE:

ST-1 Worksheet for Line 2

1 Taxes collected from the following:						1a	_____	_____
a General merchandise retail sales						1b	_____	_____
b General merchandise service sales						1c	_____	_____
c Food, drugs, and medical appliances retail sales						1d	_____	_____
d Food, drugs, and medical appliances service sales								
2 Add Items 1a through 1d. This is the total amount of taxes you collected.						2	_____	_____
3 Resale						3	_____	_____
4 Interstate commerce						4	_____	_____
5 Cash refunds						5	_____	_____
6 Newspapers and magazines						6	_____	_____
7 State motor fuel tax								
Gasoline	7a	_____	x	19¢	=	7b	_____	_____
Gasohol and majority blended ethanol fuel	7c	_____	x	19¢	=	7d	_____	_____
Diesel (including biodiesel and biodiesel blends)	7e	_____	x	21.5¢	=	7f	_____	_____
Dieselhol	7g	_____	x	21.5¢	=	7h	_____	_____
Other special fuels	7i	_____	x	19¢	=	7j	_____	_____
8 Specific fuels sales tax exemption								
Note: Subtract all motor fuel taxes before entering amounts on Lines 8a through 8i.								
Gasohol	8a	_____	x	0.20	=	8b	_____	_____
Biodiesel blend (90 - 99 percent petroleum-based product)	8c	_____	x	0.20	=	8d	_____	_____
Biodiesel blend (1- 89 percent petroleum-based product)	8e	_____	x	1.00	=	8f	_____	_____
100 percent biodiesel	8g	_____	x	1.00	=	8h	_____	_____
Majority blended ethanol fuel	8i	_____	x	1.00	=	8j	_____	_____
9 Sales of service. List the non-taxable portion from sales of the following:								
a Repairs						9a	_____	_____
b Prescriptions						9b	_____	_____
c Other (identify) _____						9c	_____	_____
10 Exempt organizations						10	_____	_____
11 Food stamps						11	_____	_____
12 Enterprise zone building materials and consumables or high impact business building materials						12	_____	_____
13 Manufacturing machinery and equipment (including photoprocessing)						13	_____	_____
14 Farm machinery and equipment						14	_____	_____
15 Graphic arts machinery and equipment						15	_____	_____
16 Other _____						16a	_____	_____
_____						16b	_____	_____
_____						16c	_____	_____
_____						16d	_____	_____
17 Add Items 3 through 16d. This is the total of your deductions.						17	_____	_____
18 Add Items 2 and 17 and write this amount on Line 2 on Form ST-1.						18	_____	_____

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center. IL 492-0030

Do not detach.

ST-1 back (R-7/04)

ST-1/ST-2 Definitions and Explanations

The following are codes used at the top of the ST-1.

Home Rule Indicator

HR - this code indicates that Home Rule tax is due.

Accelerated Indicator

ACCEL - this code designates that the taxpayer is required to file accelerated payments. Whenever a UT1, UT2, or UT3 account is an accelerated filer, the location code is replaced with ACCEL.

Use Tax Indicator

UT1 - an out-of-state business that *voluntarily* collects Illinois Use tax on sales shipped into the state.

UT2 - either an out-of-state business or an in-state business that owes Use tax from purchases/leasing on a frequent or recurring basis.

UT3 - an out-of-state business *required* to collect Illinois Use tax on sales shipped into the state.

Location Code and Check Digit

999-9999-9 - this code will either be an Illinois or non-Illinois code assigned by the Illinois Department of Revenue.

Location Indicator

SL - Single Location/Single Site

CL - Changing Location

ST-2 - Multi-Location/Multi-Site

ST-2

- All forms must be 11 inches high and 8.5 inches wide.
- Forms should be mailed to the following address with the corresponding ST-1 return:

**ILLINOIS DEPARTMENT OF REVENUE
RETAILER'S OCCUPATION TAX
SPRINGFIELD IL 62796-0001**

- The location code for each site must be maintained in the same order as the printed ST-2 that is provided by the Illinois Department of Revenue.
- The name of the taxing jurisdiction must follow the location code for CL accounts.
- The business name and address is required for each site of a ST-2 filer. The term "Temporary Sales Location" must be used for each location of a CL filer.
- Each ST-2 page must have totals for that page at the bottom.
- The ST-2 consists of the following:

Form Content

- (1)** Illinois Business Tax Number (IBT no.)
- (2)** Liability Period
- (3)** Location Code and Check Digit (for each location)
- (4)** Business Name and Address (for each location)
- (5)** Home Rule Indicator (for each location)
- (6)** Tax Rate (for each location)
- (7)** Software/Forms Developer Identification Number

NOTE: For Definitions or Explanations of terms for the ST-2, please see the ST-1 portion of the specifications.

**ST-2 Multiple Site Form**

Attach to Form ST-1.

IBT number: **1234-5678** ⁽¹⁾ Tax period: **November 2004** ⁽²⁾

Do not write above this line.

You must round your figures to whole dollars. See instructions.

Site where the taxable sales were made

(3) 999-9999-9 **Anywhere****(4)**
Anybody's Plumbing and Heating
1234 Anywhere Blvd
Anywhere, IL 12345-1234**(5)** HRGeneral merchandise **(6)****4a** _____ X .0875 = **4b** _____Food, drugs, and medical appliances
5a _____ X .0200 = **5b** _____Receipts taxed at other rates
8a _____ **8b** _____999-9999-9 **Somewhere**
Temporary Sales Location

General merchandise

4a _____ X .0875 = **4b** _____Food, drugs, and medical appliances
5a _____ X = **5b** _____Receipts taxed at other rates
8a _____ **8b** _____

General merchandise

4a _____ X = **4b** _____Food, drugs, and medical appliances
5a _____ X = **5b** _____Receipts taxed at other rates
8a _____ **8b** _____

General merchandise

4a _____ X = **4b** _____Food, drugs, and medical appliances
5a _____ X = **5b** _____Receipts taxed at other rates
8a _____ **8b** _____

General merchandise

4a _____ X = **4b** _____Food, drugs, and medical appliances
5a _____ X = **5b** _____Receipts taxed at other rates
8a _____ **8b** _____

Page totals

4a _____ **4b** _____**5a** _____ **5b** _____**8a** _____ **8b** _____



ST-2 Multiple Site Form

Attach to Form ST-1.

Do not write above this line.

IBT number:

Tax period:

You must round your figures to whole dollars. See instructions.

Site where the taxable sales were made

General merchandise
4a _____ X = 4b _____
Food, drugs, and medical appliances
5a _____ X = 5b _____
Receipts taxed at other rates
8a _____ 8b _____

General merchandise
4a _____ X = 4b _____
Food, drugs, and medical appliances
5a _____ X = 5b _____
Receipts taxed at other rates
8a _____ 8b _____

General merchandise
4a _____ X = 4b _____
Food, drugs, and medical appliances
5a _____ X = 5b _____
Receipts taxed at other rates
8a _____ 8b _____

General merchandise
4a _____ X = 4b _____
Food, drugs, and medical appliances
5a _____ X = 5b _____
Receipts taxed at other rates
8a _____ 8b _____

General merchandise
4a _____ X = 4b _____
Food, drugs, and medical appliances
5a _____ X = 5b _____
Receipts taxed at other rates
8a _____ 8b _____

Page totals
4a _____ 4b _____
5a _____ 5b _____
8a _____ 8b _____



ST-14

- Returns must be 3.625 inches high and 8.5 inches wide.
- The scan line must start 4.5 inches from the left edge, and .25 - .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

CHICAGO SOFT DRINK TAX ADMINISTRATION
PO BOX 5698
CHICAGO IL 60680-5698

- The ST-14 consists of the following:

Form Content

- (1) Software/Forms Developer Identification Number
- (2) Liability Period
- (3) Due Date of Payment
- (4) Illinois Business Tax Number (IBT no.)
- (5) Business Name and Address

Scan Line Content

- (6) Form Code (always 10693) - (Positions 1-5)
- (7) Liability Period (mmyy) - (Positions 6-9)
- (8) Software/Forms Developer Identification Number - (Positions 10-13)
- (9) Form Code/Liability Period/Software/Forms Developer ID No. Check Digit - (Position 14)
- Space - (Position 15)
- (10) IBT no. - (Positions 16-23)

NOTE: The Liability Period field is determined as follows:

- Monthly returns contain two digits for the month and two digits for the year of the period that the return covers. For example, the November 2002 return would contain 1102 in this field.
- Quarterly returns contain two digits for the last month of the period and two digits for the year of the period that the return covers. For example, the third quarter return (July, August, September) return for 2002 would contain 0902 in this field.
- Annual returns contain two digits for the last month and two digits for the year of the period that the return covers. For example, the annual return for 2002 would contain 1202 in this field.

If you have not yet been assigned a Software/Forms Developer Identification Number, please use "9999" for testing purposes.

ST-14 Chicago Soft Drink Tax Return

(R-8/96) ID: 1234 (1)

Liability Period:

November 2004 (2)

Due by:

December 20, 2004 (3)

IBT no.:

1234-5678 (4)

Cinderella's Catering (5)
123 Anywhere Drive

Make your check payable to "Chicago Soft Drink Tax" and mail your completed form and payment to IDOR at the following address:

CHICAGO SOFT DRINK TAX ADMINISTRATION
PO BOX 5698
CHICAGO IL 60680-5698

Round to whole dollars.

- | | | | |
|---|--|---|-------|
| 1 | Total Chicago soft drink receipts | 1 | _____ |
| 2 | Deductions | 2 | _____ |
| 3 | Taxable receipts. Subtract Line 2 from Line 1. | 3 | _____ |
| 4 | Tax due. Multiply Line 3 by 3% (.03). | 4 | _____ |
| 5 | Discount. Multiply Line 4 by 1.75% (.0175). | 5 | _____ |
| 6 | Payment due. Subtract Line 5 from Line 4. | 6 | _____ |

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Taxpayer Phone Date

Preparer Phone Date

(6) (7) (8)(9) (10)
10693110412346 12345678

REV 01 FORM 077

E S ____/____/____

NS DP CA RC

ST-14 Chicago Soft Drink Tax Return
(R-8/96)

Liability Period:

Due by:

IBT no.:

Make your check payable to "**Chicago Soft Drink Tax**" and mail your completed form and payment to IDOR at the following address:

CHICAGO SOFT DRINK TAX ADMINISTRATION
PO BOX 5698
CHICAGO IL 60680-5698

REV **01** FORM **077**
E S ____/____/____
NS DP CA RC

Round to whole dollars.

1 Total Chicago soft drink receipts	1 _____
2 Deductions	2 _____
3 Taxable receipts. Subtract Line 2 from Line 1.	3 _____
4 Tax due. Multiply Line 3 by 3% (.03).	4 _____
5 Discount. Multiply Line 4 by 1.75% (.0175).	5 _____
6 Payment due. Subtract Line 5 from Line 4.	6 _____

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

_____ Taxpayer	_____ Phone	_____ Date
-------------------	----------------	---------------

_____ Preparer	_____ Phone	_____ Date
-------------------	----------------	---------------